Date	
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FOSTER CARE APPLICATION

We appreciate the invaluable service that foster parents provide. We want to make the most informed decision regarding which animals to place in your care. Completing this application is the best way to assure a positive experience for both you and the animals.

) T			
Name:			
Address:			
Phone #	Daytime: Evenings:		
E-mail:			
Type(s) of a	nimals you are interested in fostering (dogs, cats, puppies, and kittens, other):		
Have you fo	estered animals before?		
Do you have any experience training and working with dogs with behavioral issues? Yes No If yes, please describe			
Do you have	in a House Apartment Condo Other e a fenced yard? Yes No at height is it?		
Are there ar	ay children in your household? Yes No ut are their ages?		
Do any men	nbers of your household have allergies? Yes No		
Will you be able to keep the foster animals separate from your own if necessary? Yes No (This usually applies to sick cats only)			
Where do you plan to keep your foster animals?			
How many	hours per day will your foster animals be without adult care?		
What will y	ou do to find your foster animal if it becomes lost?		

What pets have you had in the past, if any?	
Do you have any pets in your household now? LYes No	
If yes, what type and quantity?	
What are their ages?	
What are their ages? Are their vaccinations current?	
The their vaccinations current:	
Are they currently ficensed?	
If dog(s) what breed(s) are they?	
If cat(s), are they kept indoors, outdoors, or both? If cat(s), are they declawed?	
Can you accept the fact that some animals will not survive or may have to be decision is up to the Seattle Animal Shelter (SAS) staff? Yes No	be euthanized and that this
Do you understand that anyone interested in adopting your foster animals (through the standard adoption process, and approval of candidates and place SAS Staff? (Of course, we welcome your referrals) Yes No	
I have answered the questions above truthfully and completely. I understar reasonable care to screen animals for foster care placement, it makes no guan health, behavior or actions. I understand that I receive foster care animals a or return any animals for which SAS has asked me to provide care. I inden City of Seattle free and harmless from all liability arising out of any and all damages, action, judgment of every kind and description which may occur members of my household, or any third parties by reason of activities arising	arantee relating to the animals' at my own risk and can reject unify and hold SAC and the claims, demands, losses, to or be suffered by me,
Signature	Date
Return application to: Seattle Animal Shelter Foster Care Program 2061 15 th Avenue West Seattle, WA 98119	ı
For staff use only:	
Approved: Yes No Staff initials:	
Date:	
Comments:	